



File No: _____

Related File: _____

COMMUNITY DEVELOPMENT DEPARTMENT, PLANNING DIVISION**17555 Peak Avenue Morgan Hill CA 95037 (408) 779-7247 Fax (408) 779-7236****UNIFORM APPLICATION****GENERAL INFORMATION**

- 1) Applicant's Name _____ Ph # _____ Fax # _____
Address _____ Email: _____
- 2) Owner's Name _____ Ph # _____ Fax # _____
Address _____ Email: _____
- 3) Enginr's/Archit's Name _____ Ph # _____ Fax # _____
Address _____ Email: _____
- Contact Person _____ Ph # _____ Fax # _____
Address _____ Email: _____

PROJECT DESCRIPTION

NOTE: The individual(s) listed under 1,2, and/or 3 will receive correspondence from the City regarding this application. If the contact person is different than those listed under 1, 2, and/or 3, please indicate the mailing address of the contact person and the City of Morgan Hill will also furnish that individual with information regarding this application.

REVIEW REQUESTED

- | | |
|---|--|
| <input type="checkbox"/> Admin. Develop. Plan Review | <input type="checkbox"/> Parcel Map |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Preliminary Plan Review |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> RDCS (Measure P) |
| <input type="checkbox"/> Architectural & Site Plan Rev. | <input type="checkbox"/> RPDs, PUDs, TUDs |
| <input type="checkbox"/> Conceptual Plan Review | <input type="checkbox"/> Sign Permit |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Tree Removal Permit |
| <input type="checkbox"/> Development Plan Amend. Rev. | <input type="checkbox"/> Urban Service Area |
| <input type="checkbox"/> Environmental Review | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Extension of Time | <input type="checkbox"/> Williamson Act Cancellation |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Zoning Amendment |
| <input type="checkbox"/> Hillside Home Review | <input type="checkbox"/> Other: _____ |

Go To Page Two>**FOR STAFF USE ONLY**

Date Rec'd _____ Rec'd by _____ Env. Assess. _____

Accepted as Complete _____ Fees Collected \$ _____

UNIFORM APPLICATION
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PROJECT INFORMATION

Project Location: _____

Street Address: _____

Assessor's Parcel Number: _____ Site Acreage: _____

Zoning: _____ General Plan: _____

Project Name: _____

Commercial sq. ft.: _____ Office sq. ft.: _____

Industrial sq. ft.: _____

Single Family Residence sq. ft.: _____

Number of Single Family Units: _____

Number of Condominium/Townhouse Units: _____

Number of Apartment Units: _____

Number of Lots: _____

Number of below Market Rate Homes: _____

PUBLIC NOTICE/PROJECT IDENTIFICATION SIGN

I hereby agree to post the subject property with a public notice/project identification sign at least ten days prior to the public hearing or final action date, as required by Section 18.02.085 of the Morgan Hill Municipal Code. The sign shall be posted on the subject property in a visible location at least five feet behind the property line. **(PLEASE NOTE:** This requirement only applies to the following applications: Architectural and Site Review, Parcel Map, Tentative Map, and Use Permits.)

Applicant's Signature

Date

OWNER CERTIFICATION

I certify that I am presently the legal owner of the above described property. I acknowledge the filing of this application and certify that all of the above information is true and accurate. I have consulted the State List on file at City Hall and acknowledge that the project site **is** ____ included, **is not** ____ included on the Hazardous Waste and Substances list (please check appropriate box).

NOTICE: Subsequent amendments to laws and regulations may affect your project. You may request notice of proposals to adopt or amend the City's General Plan, any specific plans, the Zoning Ordinance, and Ordinances affecting building permits or grading permits.

AGENT of the owner must attach a letter of authorization from the legal owner.

Signature _____ Date _____

Print Name _____